

GIRARD MUNICIPAL COURT, PROSECUTOR'S OFFICE

AFFIDAVIT OF CITIZEN/COMPLAINANT

NAME RICK KRlich ADDRESS 713 E LIBERTY ST.
CITY HUBBARD STAT OH ZIP 44425 PH # HOME 534-2949 (330)

I reside in Trumbull County and wish to file and Affidavit against the following persons
NAME LP# CTF-1616 ADDRESS ? RD
CITY HUBBARD STATE OH ZIP 44425 PH # HOME _____

Additional description if known (DOB, SSN, etc.) _____
NAME _____ ADDRESS _____
CITY _____ STATE _____ ZIP _____ PH # HOME _____

Additional description if known (DOB, SSN, etc.) _____

THE FACTS ON WHICH I BASE MY COMPLAINT ARE AS FOLLOWS (Include dates, times, places)

Slow down 4x on 7-27-10

Witness 1 _____ Address _____
City _____ State _____ Zip _____ Phone _____ (H. W)

Witness 1 _____ Address _____
City _____ State _____ Zip _____ Phone _____ (H. W)

If I discover more witnesses I must immediately notify the Girard City Prosecutor. I understand that I cannot withdraw or dismiss a Complaint without appearing in Court before the Judge. Finally, if I failed to appear in Court to testify, I can be arrested and the case can be dismissed.

Date _____ Complainant _____

Sworn to and subscribed in my presence on _____ 20 _____

Deputy Clerk _____

GIRARD MUNICIPAL COURT, PROSECUTOR'S OFFICE

AFFIDAVIT OF CITIZEN/COMPLAINANT

NAME RICK KRlich ADDRESS 713 E LIBERTY ST.
CITY HUBBARD STATE OH ZIP 44425 PH # 534-2949 (B330)

reside in Trumbull
NAME JOE ZAKASH ADDRESS 1071 DORIS DR.
CITY HUBBARD STATE OH ZIP 44425 PH # HOME

Additional description (known DOB SSN etc) LP# DGIS 5829

NAME _____ ADDRESS _____
CITY _____ STATE _____ ZIP _____ PH # _____

Additional description (known DOB SSN etc) _____

THE FACTS ON WHICH I BASE MY COMPLAINT ARE AS FOLLOWS (include dates, times, places)

EXFECT OFFENDER IS WITH HIS INDENTURE IN CAR

9-17-10 2:36 AM

Witness 1 _____ Address _____

City _____ State _____ Zip _____ Phone _____ (H W)

Witness 1 _____ Address _____

City _____ State _____ Zip _____ Phone _____ (H W)

If I discover more witnesses I must immediately notify the Girard City Prosecutor. I understand that I cannot withdraw or dismiss a Complaint without appearing in Court before the Judge. Finally, if I failed to appear in Court to testify I can be arrested and the case can be dismissed.

Date _____ Complainant _____

Sworn to and subscribed in my presence on _____

Deputy Clerk _____

GIRARD MUNICIPAL COURT, PROSECUTOR'S OFFICE

AFFIDAVIT OF CITIZEN/COMPLAINANT

NAME RICK KRLOCH ADDRESS 713 E. LIBERTY ST
CITY HUBBARD STATE OH ZIP 44425 PH # (HOME) 534-2949

I reside in Trumbull County and wish to file and Affidavit against the following person/s:
NAME _____ ADDRESS _____
CITY _____ STATE _____ ZIP _____ PH # (HOME) _____

Additional description if known (DOB, SSN, etc.) PLATE # EJE 5697 WHITE 4DR

NAME _____ ADDRESS _____
CITY _____ STATE _____ ZIP _____ PH # (HOME) _____

Additional description if known (DOB, SSN, etc.) _____

THE FACTS ON WHICH I BASE MY COMPLAINT ARE AS FOLLOWS (Include dates, times, places):

HAVE AUDIO VIDIO THIS GUY IS A FRIEND OF
MIKE CLEMENTE & GIRL FRIEND SPENT MOST OF NITE
AT 723 E LIBERTY (CLEMENTS) THEN AT 4:30 AM
DRIVES BY MY HOUSE BLASTING HORN WAKING ME
& MY WIFE UP. MIKE CLEMENT CALLES FOR DRIVE
BY HORN BLOWING. AND GETS HIS FRIENDS TO
HARASS ME & MY WIFE.

Witness 1 AUDIO VIDIO POLICE REPORTS Address _____

City _____ State _____ Zip _____ Phone _____ (H, W)

Witness 1 LUCINDA KRLOCH Address 713 E LIBERTY ST

City HUBBARD State OH Zip 44425 Phone 534-4181 (H, W)

If I discover more witnesses, I must immediately notify the Girard City Prosecutor. I understand that I cannot withdraw or dismiss a Complaint without appearing in Court before the Judge. Finally, if I failed to appear in Court to testify, I can be arrested and the case can be dismissed.

Date _____ Complainant _____

Sworn to and subscribed in my presence on _____, 20 _____

Deputy Clerk _____